

## **Cooley Dickinson Health Care Third-Party Special Event Agreement and Promotions Guidelines**

Thank you for your interest in raising funds for Cooley Dickinson Health Care. We are grateful to have you support our mission to provide our patients and communities with the best health care in the most appropriate setting. The Development Office of Cooley Dickinson Health Care (CDHC) is responsible to the public for fundraising activities using the Cooley Dickinson Health care name. To this end, the following agreement and policies have been developed to serve as standards for those who organize third-party events or promotions to raise money for the benefit of the Hospital.

After reviewing these guidelines, please sign (see section “Event Agreement”) to signify your understanding and acceptance of this Agreement and return it along with your completed Third-Party Events Proposal form to the Development Office, Cooley Dickinson Health Care, P.O. Box 329, Northampton, MA 01061-0329. All questions regarding these guidelines should be directed to Jennifer Margolis in the Development Office at (413) 582-2255. Thank you.

### **1. Approval**

The Development Office respectfully requests all individuals or organizations wishing to host a fundraising event to benefit Cooley Dickinson Health Care receive approval before beginning work on the proposed event. For every event not previously authorized, a detailed description of the event should be submitted to the Cooley Dickinson Health Care Development Office thirty (30) days prior to the date of the event for approval by:

- Chief Development Officer.
- Chief Marketing and Communications Officer

Note: Attached is our Third-Party Special Event Proposal form for you to complete. A separate form must be submitted for each new event. (Repeat events do not require yearly approval, but do require yearly notification to the CDH Development Office.)

### **2. Planning**

Publicity and/or promotional materials may only state that an event is “sponsored by (your organization's name) for the benefit of Cooley Dickinson Health Care.”

A special event or promotion to raise money for the benefit of the Hospital cannot be for a named patient or family.

All proposed projects, subsequent agreements, contracts and necessary permits required by City Ordinance or otherwise will be the responsibility of the third party fundraising group. We encourage participants to be creative with their fundraising, but some states have restrictions regarding certain fundraising efforts. Please check with your local authorities to ensure you are in compliance with the regulations in your area. (For example, in Massachusetts certain gaming events – raffles, casino or Las Vegas nights, poker tournaments etc – require a license.)

Note: Please be mindful that CDHCC is not generally able to provide volunteers to help support a special event or to assist in ticket sales.

3. **IRS Regulations**

Complying with all IRS regulations regarding the event will be the responsibility of the third party fundraising group. IRS regulations governing charitable deductions for participation in special events are quite specific and the Development Office can provide information and guidance on this matter.

4. **Benefit Proceeds**

In an effort to provide good stewardship of funds for our community donors, proceeds are expected to be received by the Development Office within 60 days after the conclusion of the special event or promotion.

**Event Agreement**

- I agree to abide by the Cooley Dickinson Health Care Third-Party Special Event Agreement and Promotions Guidelines.**

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*Signature*

*Date*

Date: \_\_\_\_\_

**Cooley Dickinson Health Care  
Third-Party Special Event Proposal Form**

**Please complete the information below and return to the Cooley Dickinson Health Care Development Office.**

Name of Contact Person Organizing Event \_\_\_\_\_

Name of Organization/Company (if applicable) \_\_\_\_\_

Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name and Description and Basic Objective of Event \_\_\_\_\_  
(i.e. golf tournament, auction, dinner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event \_\_\_\_\_ Location of Event \_\_\_\_\_

Cost/fee for donor to participate in event \_\_\_\_\_

Number of people expected to attend event \_\_\_\_\_

Please list any other charitable organizations that will benefit from this event. Include whether businesses will be contacted for donations (in-kind/monetary) as well as any details you believe the Hospital should know about the event (request for Hospital volunteers to assist with event, ticket sales, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If you have any questions about completing this form or planning your event, please contact Jennifer Margolis in the Development Office for assistance at (413) 582-2255 or e-mail: [development@cooleydickinson.org](mailto:development@cooleydickinson.org)***

P.O. Box 329, Northampton, MA 01061-0329 - Development Office Main Phone (413) 582-2255 - Fax (413) 582-2942  
[www.cooley-dickinson.org](http://www.cooley-dickinson.org)